

## Survey Tool for FaDSS Families

FaDSS grantee: \_\_\_\_\_

Date: \_\_\_\_\_

1. How did you find out about FaDSS?
2. What has it been like being in FaDSS?
3. What services have you received from FaDSS?
4. What are the purposes of the FaDSS program as you see them?
5. What do you consider to be the strengths of your FaDSS program?
6. What would you like to see changed? What could be done differently?
7. How do you see PROMISE JOBS, FaDSS and DHS working together to benefit your family?

8. What two things about FaDSS have made a big difference in your life?
9. Have you experienced any barriers/roadblocks to participating in FaDSS?
10. How long have you been in the FaDSS program? During that time how many Specialists have worked with your family?
11. Would you, and have you, recommended FaDSS to any of your friends?